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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/964,100  
Filing Date: 09/26/2001  
Applicant: Ikuo Ozawa, et al.  
Group Art Unit: 3753  
Examiner: Ljiljana V. Ciric  
Title: FRONT END STRUCTURE  
Attorney Docket: 4041K-000036

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Mail Stop Amendment  
Director of The United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT AND PETITION FOR EXTENSION OF TIME**

Sir:

In response to the Office Action mailed August 11, 2004, Paper No./Mail Date 08092004, please amend and reconsider the above referenced patent application as follows.

Applicant hereby petitions under the provisions of 37 C.F.R. § 1.136(a) for a one month extension of time in which to respond to the outstanding Office Action and includes a fee as set forth in 37 C.F.R. § 1.17(a) with this response for such extension of time.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 5 of this paper.

11/19/2004 AWONDAF1 00000097 09964100

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center; margin-right: 10px;"> <b>OFFICE</b> NOV 16 2004 U.S. PATENT &amp; TRADEMARK OFFICE         </div> <div> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p> <p style="font-size: small; margin: 0;">Applicant claims small entity status. See 37 CFR 1.27</p> </div> </div>		<b>Complete if Known</b>	
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Filing Date		09/26/2001	
First Named Inventor		Ikuo Ozawa, et al.	
Examiner Name		Ljiljana V. Ciric	
Art Unit		3753	
Attorney Docket No.		4041K-000036	
TOTAL AMOUNT OF PAYMENT		(\$ ) 110	

<b>METHOD OF PAYMENT (check all that apply)</b> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: <div style="margin-top: 10px;">             Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">08-0750</span>              Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Harness, Dickey &amp; Pierce, P.L.C.</span> </div> <p style="font-size: small; margin-top: 10px;">The Director is authorized to: (check all that apply)  <input type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																																
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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
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Signature				Date	November 16, 2004

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